



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ADVANCED MEDICAL IMAGING LLC
P O BOX 270592
LOUISVILLE CO 80027

Carrier's Austin Representative Box

Box Number 17

Respondent Name

ARGONAUT INSURANCE CO

MFDR Date Received

JANUARY 27, 2010

MFDR Tracking Number

M4-10-2722-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary as Listed on the Table of Disputed Services: "claim denied untimely"

Amount in Dispute: \$3,030.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Respondent received a completed medical bill on 9/17/09 for the dates of service 5/31/09 and 6/1/09. Please see the attached bill received by the Carrier with a date stamp showing receipt. Further, the HCFA-1500s indicate in Box 31 that the date of the bill is 9/10/09. Therefore, Requestor did not send the bill before the expiration of 95 days. The bill was denied because it was received more than 95 days past the date of service and is not in conformance with DWC Rule 133.20(b). In conclusion, no reimbursement is owed to the Requestor because they failed to submit their medical bill timely in accordance with applicable DWC Rule."

Response Submitted by: Downs-Stanford, PC, 2001 Bryan Street, Suite 4000, Dallas, TX 75201

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 31, 2009 June 1, 2009	71010-26, 71275-26, 78588-26, 93971-26, 99053 71275-26, 72193-26, 74160-26, 93971-26	\$3,030.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.

5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated September 29, 2009
 - B15 – Procedure/Service is not paid separately
 - RM2 – Time limit for filing claim has expired
 - 29 – Time Limit for Filing Claim/Bill has Expired
 - RG3 – Included in another billed procedure

Issues

1. Did any of the exceptions listed in Texas Labor Code §408.0272 apply to the medical services in dispute?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and 28 Texas Administrative Code §102.4?
3. Is the requestor entitled to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.” No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. No documentation was found to support that the requestor submitted the medical bill to the insurance carrier within 95 days from the date of service. The Division concludes that the requestor has not met the requirements of 28 Texas Administrative Code §133.20(b).
2. Texas Labor Code §408.027(a) states, in pertinent part, that “Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment.” 28 Texas Administrative Code §102.4(h) states that “Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.” The requestor alleges that the medical bill was submitted timely, however the alleged date of the initial submission was not indicated on the requestor's submitted documentation. The requestor did not provide a copy of a notification letter, returned claim, records of phone conversations, or any other documentation to indicate what date the initial bill was submitted to the insurance carrier. Without this information, the Division cannot determine whether the provider met the timely filing requirements of Texas Administrative Code §133.20. Review of the submitted documentation finds that the bill was dated as submitted to the respondent on September 10, 2009; however the bill date of September 10, 2009 is not within 95 days after the date on which the health care services were provided. The division therefore concludes that the requestor has presented insufficient evidence to support that the medical bill was submitted timely to the insurance carrier.
3. The requestor failed to sufficiently support timely submission of the services in dispute. Therefore, in accordance with Texas Labor Code §408.027(a) the provider's right to reimbursement is forfeited.

Conclusion

For the reasons stated above, the Division finds that the requestor has forfeited its right to reimbursement. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

December 20, 2012

Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.